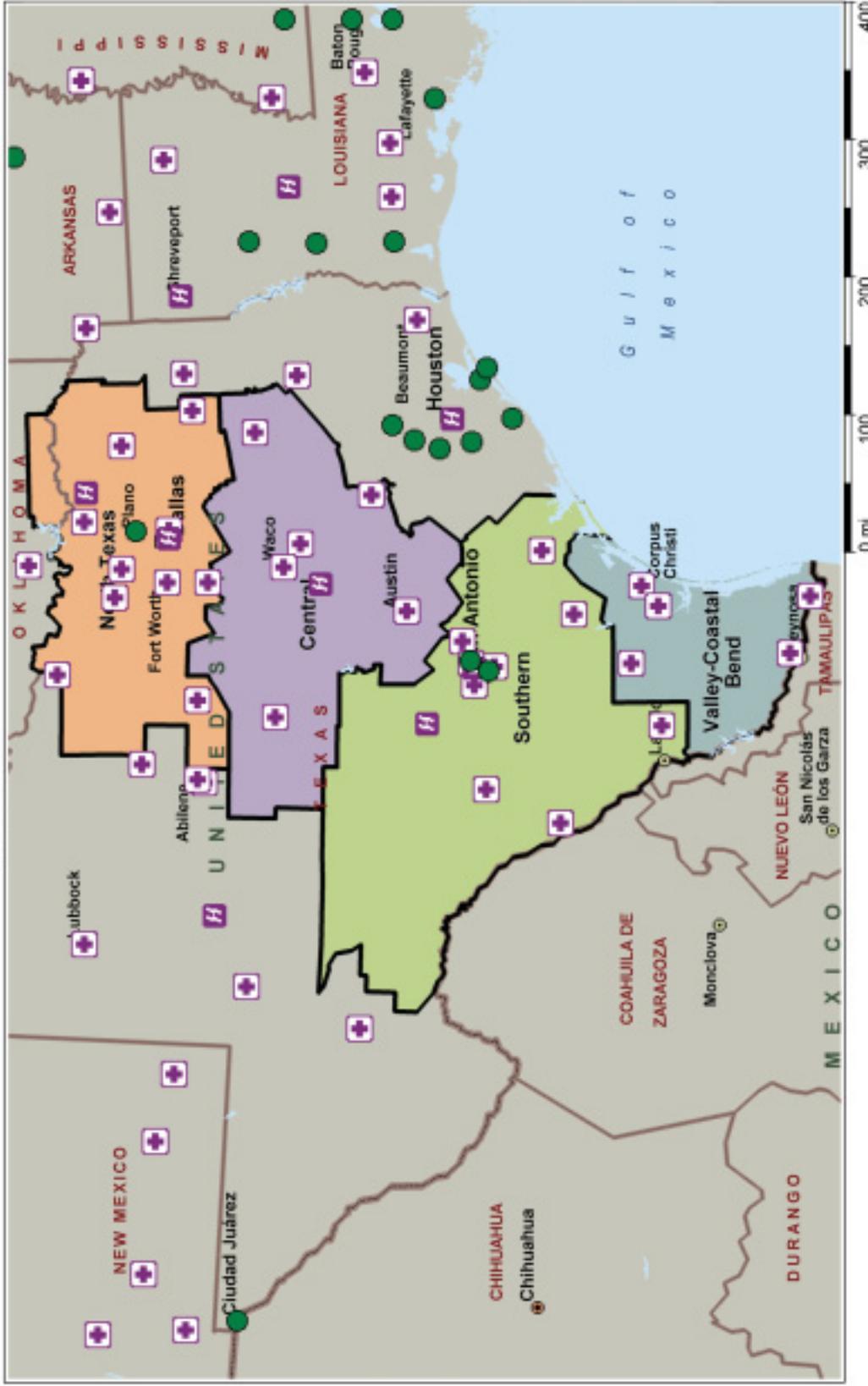


VISN 17



- Pushpins**
- VA Clinic
- VA Hospital
- Planned New CBOC
- Markets**
- Central
- North Texas
- Southern
- Valley-Coastal Bend

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CARES DECISIONS FOR VISN 17

CARES Commission Recommendation

I Mission Change

Waco VAMC

- 1** The Commission concurs with the DNCP proposal to transfer services from the Waco campus to appropriate locations within the VISN as follows:
 - a** A portion of acute care inpatient psychiatry to Austin;
 - b** The balance of acute care and all the long-term inpatient psychiatry to the Temple VAMC; and
 - c** PTSD residential rehabilitation services to the Temple VAMC, with no decrease in capacity.
- 2** The Commission does not concur with the DNCP proposal to transfer Waco nursing home services to the community.
- 3** The Commission recommends that prior to taking any action to reconfigure or expand long-term care capacity or replace existing long-term care facilities VA should develop a long-term care strategic plan. This plan should be based on well-articulated policies, address access to services, and integrate planning for the long-term care of the seriously mentally ill.
- 4** The Commission concurs with the DNCP proposal to transfer the blind rehabilitation center (BRC) from Waco, but recommends that the VISN determine an appropriate location taking into account access and the BRC's role as a regional rehabilitation referral center.
- 5** The Commission concurs that a new multi-specialty outpatient clinic be established in the Waco area.
- 6** The Commission recommends that time be provided for the transition to allow an orderly transfer with minimal disruption to patients and families and for the VISN to involve veterans, stakeholders, and the community in a plan for the Waco campus that is most beneficial to veterans.

Secretary's Decision

I Mission Change

Waco VAMC

The Waco campus includes 123 acres of land and 36 main hospital buildings, many of which are vacant or underutilized. At its peak, the campus operated more

than 2,000 beds. Today it operates 346 acute inpatient beds, with a current average daily census of 206. As a result, VA is maintaining significant excess infrastructure at enormous cost. These resources are diverted from veterans' medical care.

The Commission made several observations concerning the proposed Waco campus realignment, including the potential benefits of collocating inpatient psychiatric care with other acute inpatient care in Temple, expansion of access to care for the growing Austin area, and a clear need to more effectively manage the substantial vacant space on the Waco campus. The Commission expressed concerns about continuity of care for Waco's nursing home patients and the need for a more detailed cost-effectiveness analysis for any plans to realign the campus.

The Secretary is also concerned by the lack of adequate financial data on the cost of construction necessary to relocate patients to the Temple campus as well as the possible savings achievable through the proposed realignment. Therefore, the Secretary directs a further comprehensive study of the cost and continuity of care issues of such a realignment. The study will evaluate the most appropriate means and site for providing care to veterans now treated at the Waco campus and will include an analysis of moving the VBA Regional Office onto the Waco VAMC campus. Irrespective of any realignment, it will also identify options for divesting or leasing a significant portion of the underutilized property in order to generate savings and revenues that could be applied to VA's health care mission.

The mission of the Waco campus will not be altered while VA proceeds with the study. As VA considers options for realignment to enhance services while more effectively using resources, it will work in collaboration with stakeholders to ensure that their comments are solicited and considered. VA is committed to minimizing any impact on patients, employees, and the community as it manages the study process.

The study will be submitted to the Secretary no later than January 1, 2005 (*Reference – Excess VA Property: Long-Term Care-Crosscutting*).

CARES Commission Recommendation

II Mission Change ***Kerrville VAMC***

- 1** The Commission does not concur with the DNCP proposal to convert the Kerrville VAMC to a critical access hospital (CAH). VA should establish a clear definition and clear policy on the CAH designation prior to making decisions on the use of this description.
- 2** The Commission concurs with the DNCP proposal to transfer the Kerrville VAMC's acute inpatient services and recommends

that the VISN contract with community health care providers for these acute inpatient services, including urgent care services, in lieu of or until space is available at the San Antonio facility.

- 3 The Commission recommends clarification of proposed construction and renovation costs at San Antonio.
- 4 The Commission concurs with the DNCP proposal that the nursing home and outpatient services remain at Kerrville.

Secretary's Decision

II Mission Change *Kerrville VAMC*

The Kerrville VAMC operates 25 inpatient medicine beds, including five ICU beds. The average daily census at Kerrville is currently 12. Forecasts indicate that the need for beds will decrease to 15 by 2012 and 12 by 2022. Citing the need for significant infrastructure upgrades to buildings, the availability of quality contract care in the community, and the potential for resource savings through closure of acute beds, the Commission agreed with the DNCP recommendation to close acute care services at the Kerrville VAMC and transfer care to the San Antonio VAMC as part of a major renovation of that facility. Upon renovation of the San Antonio facility, Kerrville veterans would receive inpatient care at an upgraded inpatient facility modernized to provide high quality health care services. The Commission sought clarification of construction costs at San Antonio and recommended that VA replace existing inpatient services with contracts for care in the community while waiting for necessary renovations to be completed in San Antonio.

VA will close acute care services at the Kerrville VAMC upon agreement on a cost effective contracting option in the community that meets quality of care requirements or upon the availability of space in San Antonio for transfer of services. Until one of these transfers is possible, the Kerrville VAMC will continue to operate its inpatient care mission. The Kerrville VAMC will retain its nursing home care services and will be able to expand its outpatient care services upon realignment.

To effectively manage this change, the VISN will develop a transition plan for the closure of acute care services at the Kerrville campus. This plan will include development of an effective contracting option and a plan for eventual transfer of inpatient beds to San Antonio.

The plan also will include a detailed cost-effectiveness analysis that will include consideration of any additional construction costs in San Antonio. The plan will ensure that alternatives to care will be in place before any reduction in beds occurs.

VA is committed to minimizing any impact on patients, employees, and the community as it manages this planning process and transition. This will include assuring continuity of patient care to the greatest extent possible, and managing any changes in employment through natural attrition, transfer, early retirement, retraining or other mechanisms. VA will continue to work closely with its stakeholders to ensure that development and implementation of this transition is managed effectively.

VA will complete the transition plan by the end of 2004 (*Reference – Long-Term Care: Crosscutting*).

CARES Commission Recommendation

III Inpatient Care

- 1 The Commission concurs with the DNCP proposal to correct inpatient access gaps in the Central and Valley-Coastal Bend markets through contracting or leasing of beds in the local community.
- 2 The Commission concurs with the proposal to expand in-house services at the Dallas VAMC through construction and renovation.

Secretary's Decision

III Inpatient Care

VA will meet the increased demand for care in Dallas through in-house expansion.

VA will improve access to inpatient care for veterans in the Central and Valley-Coastal Bend markets by using existing authorities and policies to contract for care in Harlingen and Corpus Christi. These contracts will help VA to improve access to inpatient care in the Valley-Coastal Bend market.

VA also will improve access to inpatient care for Austin area veterans by leasing, using existing authorities and policies to contract for care where necessary, and by seeking development of an affiliation relationship with the University of Texas Health Science Center for inpatient services in the Austin area (*Reference – Contracting Care: Crosscutting*).

CARES Commission Recommendation

IV Outpatient Care

- 1 The Commission concurs with the DNCP proposal to expand services at current sites of care as proposed by the DNCP, but notes that this is not an adequate solution to the access and capacity gaps in the VISN.

- 2 In the Valley-Coastal Bend market, the Commission concurs with moving the Brownsville CBOC to Harlingen in affiliation with the University of Texas.
- 3 The Commission recommends that the Secretary and USH utilize their authority to establish new CBOCs within the VHA medical appropriations without regard to the three priority groups for CBOCs outlined in the DNCP.

Secretary’s Decision

IV Outpatient Care

VA will meet the increased demand for outpatient care in the VISN through expansion, renovation, new construction, and use of existing authorities and policies to contract for care where necessary.

VA also will move the Brownsville CBOC to Harlingen where an affiliation with the University of Texas Health Science Center – San Antonio will enhance access to some specialty care services.

The VISN also will develop new CBOCs through the National CBOC Approval Process. VISN 17 has three new CBOCs targeted for priority implementation by 2012:

Parent Facility	Planned New Facility Name	State
San Antonio VAMC	Brooks AFB	TX
San Antonio VAMC	NE Bexar	TX
Dallas VAMC	Plano	TX

The San Antonio sites will enhance access to services for veterans in San Antonio and support VA/DoD sharing opportunities. The Plano CBOC will help to relieve space at a crowded Dallas facility (*Reference – Contracting for Care, Community-Based Outpatient Clinics: Crosscutting*).

CARES Commission Recommendation

V VA/DoD Sharing

The Commission concurs with the DNCP proposal that VISN 17 pursue collaborative and sharing opportunities with DoD.

Secretary’s Decision

V VA/DoD Sharing

VA will continue to pursue sharing opportunities with DoD across VISN 17 (*Reference – DoD/VA Sharing: Crosscutting*).